

**Synod, Structure and Governance Regional Gathering  
January 29 & 30, 2009**

Hyatt Regency Newport Beach, 1107 Jamboree Road, Newport Beach, CA 92660: Telephone: 949-759-1234.  
<http://newportbeach.hyatt.com>.

**Registration/Housing Form**

Please complete and return **by Friday, October 20, 2009 to the Northwest District**. Guest rooms have been reserved at the **Hyatt Regency Newport Beach, 1107 Jamboree Road, Newport Beach, CA 92660: Telephone: 949-759-1234.** <http://newportbeach.hyatt.com>. Check-in time is 3:00 p.m. and check out is 12:00 p.m. The hotel will be pleased to accommodate a request for early arrival or late departure, based on availability.

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

District: Northwest District LCMS      Emergency Telephone: \_\_\_\_\_

Housing is only needed for the night of: January 29 \_\_\_\_\_  
Add any extra nights at your own cost here, only January 29<sup>th</sup> will be covered as part of the Synod, Structure and Governance Regional Gatherings.

Room Preference:  
King: \_\_\_\_\_ Double: \_\_\_\_\_ Smoking: \_\_\_\_\_ Non-Smoking: \_\_\_\_\_

<b>Roommate Preference (We will make every effort to honor your request.)</b>
<b>Private Room (If you prefer to have a private room, please enclose a check, made payable to the Northwest District - LCMS, for \$62 per Convocation night and/or \$124 for any non-covered Convocation nights requested.)</b>
Yes, I would like a Private Room. _____ Amount Enclosed*: _____ *Please include any nights that will not be covered.
<b>Please note any special instructions below (i.e., dietary restrictions, physical limitations, etc.)</b>

**TRAVEL ARRANGEMENTS:** There is a complimentary airport Shuttle **ONLY** from the **John Wayne Airport** to the Hyatt- when making your travel reservations, it is important to fly into John Wayne Airport only. Cost for rental cars or any other mode of transportation to and from the hotel will not be reimbursed.

\_\_\_\_\_ I plan to **FLY**,      ARRIVAL DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_ CARRIER & FLIGHT #: \_\_\_\_\_  
DEPARTURE DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ CARRIER & FLIGHT #: \_\_\_\_\_

\_\_\_\_\_ I plan to **DRIVE**,      ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

Please complete form and return to **Northwest District Office (MUST BE RECEIVED BY October 20, 2009 to guarantee the reservations): 1700 NE Knott St, Portland OR 97212**

Date: _____
Amt: _____
Chk. #: _____